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CASE OF ACUTE RENAL DROPSY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY R. M. HODGES, M.D.

I WAS first called to this patient June 30th, 1857. J. U., single, American, mason by trade. Is a fireman, and attributes his present attack, which has existed for three weeks, to overwork at a fire. But it is learned that during the last winter he worked at shoemaking, and in the spring went into the woods chopping, where he often got his feet wet, and recalls, on my questioning him, that he afterward had rheumatic pains. He has had none since, nor has he had any palpitation; the sounds of his heart are normal. The œdema, which is what he seeks advice for, commenced at his ankles; this has gradually mounted, and his legs and thighs are now enormous; his scrotum is as large as a man's head. Urine about ʒ viij. in 24 hours, coagulable with heat and nitric acid. He feels well, eats well and sleeps well. Pulse natural. Bowels regular, and is perfectly comfortable when lying down. He is ordered tinct. and syr. of squills, and decoction of uva ursi to drink.

July 1st.—He has passed more water, and feels stronger to-day. Encouraged by this slight improvement to treat him still further by stimulating the kidneys, I gave him, on the following day, pulv. jalap. comp., ℈ ij., with cream-of-tartar water to drink. These operated powerfully, and he was better for several days, the œdema seeming to diminish.

From July 7th to July 27th, he had various diuretic medicines, digitalis, acetate of potash, turpentine, &c., but without advantage, his anasarca growing worse, and some effusion taking place into the peritoneal cavity. His bowels continued regular, and his appetite tolerable, but his general aspect was worse, and his countenance grew anæmic and sublivid. Urine remains constantly coagulable, and of a specific gravity ranging from 1025 to 1035.

July 27th, he was put upon the syr. fer. iod., with a meat and bread diet, with tomatoes. This treatment was continued until

Sept. 1st, when he had so much improved that the swelling and anasarca had nearly gone, large quantities of fluid having been discharged from his leg by cracking of the integuments. He walks about the house without difficulty, and goes up and down stairs. He passes about one quart of urine per day.

Sept. 15th, without assignable cause, his anasarca suddenly increased, and continued to do so until Sept. 20th, when he was larger than ever before. He takes tinct. digitalis and tinct. fer. chlor., each ʒ iss. in the 24 hours, but without effect. He passes about a pint of urine per day. Specific gravity 1033, coagulating in almost a solid mass. His abdomen, face and arms are greatly distended; the skin is stretched and cracked underneath, so that fissures filled with serum may be seen everywhere, owing to their translucency. His legs have lost all shape, and are knotted and irregular, like those of a person with elephantiasis. He is able to lie down, but unable to help himself or move his arms or legs. Pulse feeble. Appetite gone, bowels sufficiently open, sleeps well. Acupuncture was used with benefit, and enormous quantities of serum discharged thereby. Sheets were soaked so full as to be wrung out, and he was greatly annoyed by the pool of water in which he was almost constantly lying. He was put upon wine and Griffith's myrrh mixture, with meat and fruit for diet.

Oct. 3d, anasarca was very much less, urine had reached more than a quart in quantity, and his pulse, appetite and general condition were better. He soon got able to sit up a little, but Nov. 13th, he was, on the whole, no better. Sometimes the urine increased in quantity and the dropsy improved; at other times, he was not so well, and there was no marked improvement on the whole.

From Nov. 29th to Jan. 5th, 1858, he had no treatment or medical advice. On Jan. 5th, he had a convulsion and was comatose and insensible for many hours after. His dropsy, without being as bad as it had been, was worse than when I last saw him; it was more in his arms and face than I had ever known it to be. Under the use of stimulants, he rallied in the course of forty-eight hours from the stupid and lethargic condition in which the convulsion left him, and under wine of iron the improvement in all respects was rapid, so that, Jan. 19th, he rode to Bridgewater in a wagon, without fatigue.

April 15th.—Has regained his health sufficiently to walk about and work a little in the garden.

Aug. 13th, 1859.—He came to see me. He looks well and healthy, but is very thin. Says that last winter he had a return of general anasarca, without known cause, which lasted several weeks, disappearing with the use of wine of iron. His legs even now pit a little on pressure, especially after fatigue, but he is able to work on the farm, and do his day's mowing like any one else.

This account, rather than report, of a case, presents the following points of interest.

1st. The high specific gravity of the urine in connection with so large an amount of albumen.

2d. The non-success of diuretics.

3d. The success of tonics.

4th. The enormous enlargement and deformity caused by the anasarca, and of which one who did not see the patient can form no idea.

5th. The recovery from symptoms of so grave a character and of so long duration, and the rapidity of the final improvement on a change of residence.

MORTALITY, &c. OF EUROPEAN CITIES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Not long since, a friend in Paris wrote for my opinion on certain points respecting the complaints of one of his children, with whose constitution I was familiar, and for advice under certain contingencies. My reply elicited a communication, from which I make the following extract, which will no doubt be of interest to many of your readers. If you think it of sufficient value or importance for permanent record in your JOURNAL, it is at your disposal. Respectfully yours,

West Newton, Ms., Oct. 12, 1859. C. F. WINSLOW.

"In point of health, Paris is the fourth city in Europe—the order of the smaller average mortality in the principal cities being as follows: London, 1 in 42 per year; Madrid and Moscow, 1 in 35; Paris, 1 in 30; Copenhagen, Naples, Dresden, Amsterdam, Stockholm, Vienna and Venice, ranging from 1 in 22 to 1 in 27. The difference is largely in favor of London; and with the exception of Nos. 2 and 3, no great difference exists in the other eight. The different countries do not follow exactly the same order as their capitals, for I find the following order: England, Sweden, Belgium, France, and the balance tolerably regular. England and London, France and Paris, maintained, however, their relative positions, the former being about *one fourth* more healthy than the latter. If these statistics, taken from official documents, are worth anything, they most certainly show that, for some reason or other, bright, fashionable, pleasure-producing Paris is nearly as destructive to human life as Naples with its rags, filth, lazaroni and earthquakes; and smoky, dingy, sooty London, the healthiest city in Europe, if not in the world. I have been astonished, *am* astonished at the result of my examinations; and had I drawn this information entirely from *English* sources, I might have doubted the figures. But the official documents of Paris, and the works of Foissac (" *De l'Influ-*

ence des Climats sur l'Homme"), exactly conform to English authority, so that the truth of the tables is beyond doubt.

"With regard to the quantity of rain, the number of days on which rain falls, and the average temperature of London, Paris, and some other cities, I find the following, the result of *fifty years'* observations:—

"London, cubic inches of rain per year, 24.80; Paris, 18.62; Rome, 31.17; Nice, 26.81; Florence, 31.68; Naples, 29.09; Genoa, 51.63!!; Venice, 32.09; Brussels, 17.92; Geneva, 28.00. I introduce this table to show that London is much *less* rainy than most other cities, although of a damp atmosphere, and *usually* considered a very *wet* place. In fact, there are but two or three cities in Europe that have less rain than London. The number of days on which rain falls, and the average standing of the thermometer, are as follows:

London,	rainy days,	152	Mean temp.,	50.39	Fahr.
Paris,	"	152	" "	51.20	"
Rome,	"	106	" "	60.70	"
Nice,	"	94	" "	59.48	"
Florence,	"	120	" "	59.00	"
Naples,	"	107	" "	61.40	"
Genoa,	"	189!!	" "	60.37	"
Venice,	"	117	" "	56.25	"
Brussels,	"	76	" "	not given.	
Geneva,	"	102	" "	48.50	"

"From this table it will be seen that no great difference exists between London and Paris. I have noted London and Paris, in particular, for the reason that in one of these cities, or in its vicinity, I shall spend the coming winter."

RESEARCHES UPON THE ERECTILE ORGANS OF THE FEMALE, AND UPON THE TUBO-OVARIAN MUSCULAR APPARATUS, &c.

[Continued from page 236.]

THIS fact, in my opinion, demonstrates decisively that, contrary to the opinion of Kölliker, the enlargement of the areolar spaces of the corpora cavernosa is only a secondary effect, and that the immediate cause of the erection is a temporary obstacle to the flow of the blood back by the veins; and this, moreover, is the opinion generally adopted. But wherein consists the obstacle to the venous circulation? Upon this point there is very little agreement.

Houston, Krause and Kobelt attributed the compression of the veins of the penis to the contracted bulbo-cavernosa and ischio-cavernosa muscles; but Kobelt himself, who has really made this theory his own, by the ingenious developments he has given it, admits that neither of the two forementioned muscles are in truth capable of acting upon the deep-seated and voluminous veins which

emerge from between the roots of the corpora cavernosa. We must conclude, then, that the contraction of the bulbo- and ischio-cavernosa muscles are powerless to produce erection; they only hasten, and in some way direct it into particular portions.

It is impossible to find an explanation of erection, which is applicable to this phenomenon, considered under a general aspect, and not exclusively as the special erection of the organs of copulation; we cannot look for an explanation of this kind elsewhere than in the structure common to all erectile organs, and in the contraction of the muscular fibres which are there essentially an integral part. This opinion already exists among scientific men, but so vaguely as to leave, so to speak, everything in doubt.

How can contraction of the muscular trabecules which, when it manifests itself under the influence of cold, forces the blood from the interior of the corpora cavernosa and diminishes so remarkably the volume of the penis, produce a diametrically opposite effect, the retention of the blood in the sinuses, and the increase of the size of the penis? Is it necessary to suppose a nervous action, peculiar, and invented to answer the requirements of a cause which limits the contraction to the trabecules surrounding the orifice where the veins emerge? It is sufficient to admit a fact verified in every organic muscle, in the heart, the intestines, and the uterus, that contraction commences at a point, generally at one of the extremities of an organ, and transmits, or tends to transmit, itself gradually; and that in the particular instance of the organs of copulation, contraction begins before the bulb and the roots of the corpora cavernosa, or at least just at them. It is in the region of the vesiculæ seminales, whose distension is the prime cause of natural erection, that the kind of spasm originates, which, developing in the complex muscular apparatus of the urino-genital sinus (the muscular fibres of the prostate, of the membraneous portion of the urethra, the muscle of Wilson, &c.; see my *Recherches sur le type des appareils musculaires des organs genitaux*, 4to, Paris, 1855), transmits itself gradually to the fibres at the root of the corpora cavernosa and the bulb, and tends to propagate itself throughout the whole length of the penis. But the obstacle opposed to the flow of the blood in the veins of the plexus of Santorini, by the incipient muscular contractions, has brought about, for its immediate effect, the dilatation of the areolar spaces of the corpora cavernosa by the blood, and the tension of the liquid contends strongly against their muscular tonicity up to the very moment, when, the ejaculation being over, the spasm subsides by degrees, in the very portion where it originated, and the circulation recovering its freedom, the muscular contraction at last overcomes the distension by the blood, expels a portion of it, and gradually restores the penis to its natural dimensions.

If, in every organ really erectile, the muscular fibres embrace in their reticulated structure the vessels for the return of the

blood, these canals and arteries present themselves accordingly, under the determinate conditions of form and volume necessary for the production of the phenomenon of erection.

The first and most essential of these conditions, is that the dimensions and number of the vascular canals should be such that their state of repletion or emptiness can determine the changes in the form, the volume or the position of the organ, and in that case the vascular system constitutes nearly half of the total mass of the organ, and in the majority of cases much more.

This predominance of the vascular mass is principally owing to the enormous development of the vessels of distribution (capillaries) and return of the blood (veins) in the form of tortuous canals (retiform plexuses) or freely anastomosing sinuses. The particular arrangement which the arteries in these organs present, is a fact not less important in determining the uniformity of the composition of erectile organs, and which, made clear by my first observations, has guided me in all my researches.

We know, since the researches of J. Müller, that the arteries of the erectile tissue of the penis show a peculiar arrangement, indicated by the term *helicine arteries;* but in spite of the controversy which this question has raised between Müller, Valentin and Henle, and the researches of Krause, Erdl, Hyrtl, and more recently of Kobelt and Kölliker, it is very far from having received a complete and definite solution. It is not my intention, in this place, to set forth or discuss these different opinions; I will simply state that Müller has described, under the name of helicine arteries, arterial ramifications twisted in a spiral form, or simply clubbed and dilated at their extremities; he supposed, at first, that they opened into the cavernous sinuses, in the centre of which they project, whilst more recently he considers them to be like simple varicosities where a diverticulum terminates in a cul-de-sac. "Since Valentin and Henle have shown that the helicine arteries are artificial productions, resulting from the trabeculæ after being cut across, rolling themselves in a spiral, or from certain vessels retracting themselves into the interior of the distended trabeculæ, most anatomists reject their existence."—(Kölliker.)

Kobelt, nevertheless, admits the existence of these arterial *diverticuli* in the corpora cavernosa of the penis, in the bulb of the urethra and even in the glans; but all in giving them the name of *diverticuli* adopt, as it appears to me, the first opinion of Müller, and consider them as open at their extremity, and having for their office, as he says, to assist the flow of blood in the venous spaces, in the midst of which they are freely suspended. As to Kölliker, he confirms the existence of helicine arteries; but whilst Müller points out that the lateral portions or the extremities of the helicine arteries sometimes send off capillary arteries which ramify in the spongy tissue of the penis, Kölliker himself appears disposed to regard this fact as a general one, but with limitation; according

to him, it is not possible to prove with any certainty that these culs-de-sac always have a simple form, and adds that it is possible that Müller had more proof upon this point.

The uncertainty of these results are, in my opinion, due to two causes; to the imperfection of the methods of investigation, and especially to the too restricted point of view from which the question has been studied.

It is difficult, not to obtain, but to observe properly, a full injection of the arteries of the corpora cavernosa of the penis. An injection which will penetrate and become solid like gelatine, passes very easily from the arteries into the areolar spaces of the corpora cavernosa; under these circumstances, we cannot see the arterial termination without clearing away the injected matter, fragment by fragment, and that cannot be done without pulling, and without ruptures that essentially change the normal appearance of the parts. If we stop the injection before it has distended the sinuses, then the arterial terminations are not filled up, or, more frequently still, they contract upon themselves after having been distended, and force the injected liquid into the areolar cavities upon the walls of which they open. In both these cases, the appearance which the arteries take on where the injection stops, becomes the source of the majority of the errors. On the other hand, the microscopic examination of preparations which have not been injected, a process, which it appears was followed by Henle, demands a very high magnifying power, allows the examination of only a portion of the arterial tree, and does not give an accurate idea of its general arrangement. An injection which completely distends the vessels is indispensable to give them the volume and form which they present during life; but it is also necessary to verify the results gained from an examination of portions which have been injected by a microscopic examination with the assistance of suitable magnifiers.

I have obtained injections which were complete and easy to study, without producing great derangement, by first forcing into the arteries spirits of turpentine highly charged with coloring matter, and afterward a mixture of tallow, wax and Venice turpentine, in such proportion that the mass will remain perfectly liquid at 40 deg. centigrade, the temperature of the bath in which it was plunged; the injection, which is to harden, takes the place, in a great measure, of the liquid injection which filled up the arterial divisions, and forces that into the network of the erectile tissue, which is easily freed from it by simply washing. It is sufficient, after this, to remove the fibrinous envelope, make an incision into the spongy tissue over the passage of the principal branches, and carefully spread the preparation upon a glass plate. Desiccation does not in any way alter the form or the volume of the arteries filled by the solidified injection, and by rendering the tissue of the trabecules perfectly transparent, allows them to be examined by

magnifying powers of from 20 to 60 diameters, without laceration or any previous compression. I may be excused for entering into these minute details of practice, in consideration of the fact that it is from having neglected them too much, that eminent anatomists have not as yet been able to give a satisfactory solution to an anatomical controversy which has existed for more than twenty years. In preparations obtained by the method I have just described, we do not find the tufts of *diverticuli* figured by Müller; and when, as occasionally we do, we see a little branch, short, and as it were terminated by a dilatation into a cul-de-sac, it is sufficient to increase the magnifying power, or turn the preparation round, to show, under our very eyes, the convexity of an arterial loop or an extremity of an artery broken or emptied of the injection. These appearances are as much more rare, as the higher magnifying power enables us the better to examine these details. With a magnifying power of thirty diameters, we scarcely see them shown twice or three times in the whole of the ramifications of the artery of the bulb. I will say this much concerning the *diverticuli* pointed out by Müller and admitted by Kölliker as a general fact, which are terminated abruptly in an exceedingly minute vessel—that where we observe them we can prove, by other marks, that the injection has been incomplete or has gone wrong. I will adduce the proof of this forthwith. I will in the first place remark, that by merely looking at the figures of the first memoir of Müller, we arrive at a conviction which the text goes still further in confirming; it is that that eminent anatomist has described the results from very imperfect injections only; in figures 1, 2, 3 and 5, of his memoir, we see fine threads of injection enveloped in a membranous sheath whose diameter is in many respects larger than that of the opening of the artery even. We cannot understand how Müller, who knows very well that a full injection renders this sheath invisible, should not have been led into the way of the true interpretation of the facts which he observed.

As for myself, not content with having determined that the description given by Müller could not apply to the actual arrangement of the arteries of the corpora cavernosa, I was desirous of placing myself under the same conditions for the purpose of observing the very facts which had occasioned his mistake. Agreeably to my conjectures, an examination with a magnifying glass, after a short dissection, showed me among the arteries of the bulb and the corpora cavernosa of a subject intended for dissection, at the rooms of the Practical School (a subject whose arterial system had been filled without any great care, by a mass of common injection), numerous tufts of helicine arteries, such as Müller and Kölliker have figured, and in the same way I verified the presence of the thick transparent envelope, already mentioned.

[To be continued.]

HOSPITAL STATISTICS.

Guy's Hospital, founded by Thomas Guy, in 1721, for the reception of 400 patients, and recently enlarged through the aid of a large bequest from the late William Hunt, contains at the present time nearly 550 beds; and, with its extensive buildings and airing grounds, occupies an area of about seven acres. The hospital is divided into medical, surgical, clinical, ophthalmic, uterine, and venereal wards, independently of a ward, in a detached building, for lunatic patients, the vacancies in which the governors of the hospital have of late years forborne to fill up. In the year 1857, 44,281 persons were relieved by its means; 5,226 as in-patients, 9,889 as out-patients, and 25,886 as casualties, besides 1,731 women who were attended in their confinements, and 1,549 who received advice from the Lying-in Charity. Four hundred patients are now received into the original building of Guy, and one hundred and fifty into the part of the new wing already completed; the latter building, when finished, will admit three hundred persons.

St. Bartholomew's Hospital contains 650 beds, of which 420 are allotted to surgical cases and diseases of the eye, and 230 to medical cases and the diseases of women. The number of patients is more than 95,000 annually; the in-patients amounting to upward of 6,000, the out-patients and casualties to more than 89,000.

The London Hospital contains 445 beds, of which 135 are allotted to medical, and 310 to surgical cases; of these 310 beds, about 190 are exclusively appropriated to cases of accident. In the year 1858, the hospital received 27,790 patients, including 3,976 in-patients and 23,814 out-patients. The accidents brought into the hospital, during 1858, were 11,529, including 2,090 in-patients and 9,439 out-patients.

The Middlesex Hospital, from recent enlargements, contains upward of 300 beds, of which 185 are for surgical and 120 for medical cases. The cancer establishment receives 33 patients. Wards are specially appropriated to cases of uterine disease and of syphilis. 2,109 in-patients were admitted during the past year. The number of out-patients during the same period amounted to 16,469.

Royal Westminster Ophthalmic Hospital.—This hospital set the example in London, in 1816, of receiving the poor on their own application, without letters of recommendation. During 1857, 6,315 persons were treated, of whom 160 were admitted into the hospital, and 6,155 were treated as out-patients; of these, nearly 2,000 were children of tender age. The principal operations were—57 for hard cataract; 49 for soft cataract; 14 for the formation of artificial pupil; 220 for strabismus; 227 for the removal of tarsal tumors; 5 for the removal of deformity of staphyloma; 3 for the removal of tumor in the orbit; 2 for osteal

abscess; 1 for extirpation of the eyeball, on account of malignant disease. In addition, several hundred minor operations were performed.

Royal Orthopædic Hospital.—The daily attendance of out-patients exceeds 100, the average number annually being 1,600; and the number admitted from the commencement exceeds 21,000. Out of this large number, it is stated, not one death has occurred under treatment, neither has there been any instance of permanent suffering or injury.

Lock Hospital, London.—Patients treated, from Jan., 1747, to 31st Dec., 1857, 74,389. In-patients cured from 31st Dec., 1857, to 31st Dec. 1858, 333; out-patients ditto, 2187; in-patients, 31st Dec., 1858, 52; out-patients ditto, 269; died, 2—2,843. Making a total of 77,232.——Asylum.—Admitted from July, 1787, to 31st December, 1858, 1,555; restored to their friends since the opening of the institution, 309; placed in respectable service, ditto, 391; died, ditto, 22.

Glasgow Royal Infirmary.—When the buildings at present in progress are completed, the accommodation will be much increased. Number of beds, 600. During the year 1858 the number of in-patients treated was 3,500. Out-patients: 10,422 were treated at the dispensary. Operations during the year, 185; amputations, 60; excision of tumors, 32; excision of bones and joints, 8; reduction of dislocations, 23; lithotomy 13; various 49.

The Lying-in Hospital, Rutland Square, Dublin.—This hospital, established in 1745, and chartered by George II., in 1756, is the largest establishment of the kind in the British dominions, and contains 130 beds, 15 of which are appropriated to the diseases of females. About 2,000 women are annually received into the institution.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 10th.—*Placenta Prævia.* Dr. Coale reported the case. Mrs. S. had had two miscarriages previously—one at an advanced period, traced to a prolonged ride on horseback. Of late her health had been very good. She was dated in Dr. C.'s book for the middle of November, but information gathered since makes him think her time would arrive about the first of November, if not sooner. Whilst undressing, at 10, P.M., Oct. 6th, she was suddenly seized with a profuse flow. Pains came on speedily. Dr. C. reached her within half an hour of her first seizure. He found her in bed, flowing at times very profusely, and having short, sharp, irregular pains. On examination, the vagina was found filled with coagula, and at first the os tincæ was so high it could not be reached. After a little while it came down, and was found to be dilated to about the size of a dime. It was firm and

hard. The cervix had entirely disappeared. Passing the finger in, large clots were found, and on one side was felt the detached edge of the placenta. It being hopeless to induce speedy labor in such a condition of the parts, the only resource seemed to be to stop, if possible, all uterine action, until the mouth of the organ was in condition to permit the contents to be expelled, and until the organ itself was ready to enter more fully and regularly into expulsive action. Forty drops of McMunn's elixir of opium were given, producing some effect in the right direction, and this treatment was cautiously followed up during the night. In the morning, the flow had ceased. Through Friday, the 7th, one or two spirts of blood took place, but the effect of the opium was still continued. Friday night and Saturday were passed very comfortably, under the influence of more or less opium, as the case seemed to require, from hour to hour. At 7, P.M., Saturday, Oct. 8th, pain set in actively and strongly. Dr. C. saw her at 7½, and found dilatation advancing. It was a breech presentation, the child dead. Delivery took place at 9½ o'clock, the placenta following immediately. The cord was fifteen inches in length, giving one more case for those who think the situation of the placenta within the "cervical zone" due to shortness of the cord. The placenta presented a singularity in being, in fact, two separate and distinct placentæ, one half the size of the other, and connected only by a narrow isthmus of bloodvessels an inch and a half in length.

Oct. 10th.—*Hydatids from the Liver.* Dr. Minot showed a phial containing a quantity of hydatids, varying in size from that of a pea to that of a horse chestnut, and related the following case, as reported to him by a friend of the patient.

A lady, æt. 35, several years married, but never pregnant, has always had some catamenial irregularities, the nature of which is unknown. For several years past she has had pain and uneasiness in the right hypochondrium, the pain shooting to the back, and up into the right shoulder. In the spring of 1856, while in New Orleans, she was seen by a physician, who detected an obscure tumor in the right hypochondrium, which he described as feeling like a *watch*, deeply seated beneath the integuments. At this time she had considerable prostration.

In April, 1857, while at Marblehead, a large tumor developed itself rapidly in the same spot. It embarrassed the respiration, and compressed the right lung, so that no respiratory murmur could be heard except in the upper part of the right chest. It was excessively painful, and tender. One night she had several enormous evacuations from the bowels, the discharges being clear, colorless, fluid, and excessively fœtid. The tumor almost wholly disappeared at once. She was extremely prostrated, and had much fever, from which she slowly recovered.

About the 1st of June, 1857, she began to cough, and to expectorate frothy mucus. About Sept. 1st, she began to cough up hydatids of various sizes. This occurred about twice a week, two or three being discharged each time, with a sensation as if they were detached from the lower part of the right lung. The tumor diminished, and in October, 1857, could no longer be felt. Her health steadily improved, and she is now, Sept. 27th, 1859, quite well. She has not coughed up any hydatids for three months.

Oct. 10th.—*Softening of the Spinal Marrow in a Pigeon.* Dr. Jack-

son said that he had examined such a case within a few days. The bird flew violently down into the yard of Dr. Putnam's house, struck the wall, fluttered about for a few moments, and died. Dr. J. examined all the organs very carefully. The softening referred to extended throughout the whole sacral region, but not into the dorsal: it was diffluent, with some greyish discoloration, but no appearances of pus nor lymph; otherwise the spinal marrow was quite healthy, as was the brain, over its whole convexity. The crop contained some food; in the gizzard was a plum-stone, of the largest size. The intestine, for the last ten inches or more, was perfectly crammed with the coarse *debris* of the food, and looked as if nothing could have passed from it for a long time. The urinary duct, just before it opened into the cloaca, was rather abundantly distended by an opaque, white mass, which did not look exactly like concrete urine, and which dried somewhat like fibrin. The surface of this mass, when recent, was nearly covered with small granulations that seemed to be received into little pits in the surrounding membrane, and this last was everywhere adherent to the mass, though easily enough separated from it. The obstruction appeared to be complete, and yet the duct above contained but little urine, and did not seem to be dilated, nor thickened, nor was the intestine, above the obstruction that has been referred to. The other organs were quite healthy.

Dr. J. thought the collections above described were to be explained by paralysis, the result of spinal disease, and that there had probably also been a palsy of the lower extremities.

Oct. 24th.—*Hæmaturia; Cancer of the Kidney, Liver and Lung.* Dr. C. E. Ware reported the following case, which he considered of interest in connection with the diagnosis of diseases of the urinary organs. The patient was a tailor, 60 years old, who entered the Massachusetts General Hospital early in the summer, having had hæmaturia for a year, without any violent symptoms. Last December, he was attacked with pain in the right renal region, which never entirely left him. At his entrance, the pain was quite local, sometimes paroxysmal, and often intense. The abdomen was distended and tense, preventing an examination of its contents. The urine contained a moderate amount of albumen (which probably came from the blood), but no pus. No casts of tubuli, or other evidence of renal degeneration, were ever found in it. There were, at entrance, no pulmonary, hepatic or stomachal symptoms, nor were there any distinct signs of cancer. Renal calculus was presumed to exist. About the middle of August an examination of the abdomen showed an enlargement of the liver, which extended two inches below the ribs, and quite across the epigastrium. This made the existence of malignant disease much more probable. After his entrance into the Hospital, the patient was attacked with cough, which constantly increased, and was accompanied with opaque muco-purulent expectoration, but there were no physical signs of grave pulmonary disease. The patient died Sept. 10. At the autopsy were found several nodules of cancerous disease, each about an inch in diameter, in the lungs. The left lung was composed of three lobes, the middle, and smallest, being in the third stage of pneumonia. The liver contained numerous masses of cancer, some of which projected from its surface. The upper half of the right kidney was converted into a homogeneous, whitish substance, resembling cancerous growths found elsewhere. The left kidney

was quite granular externally, and was also infiltrated with cancerous disease. There was a large amount of serum in the peritoneal cavity.

Dr. Ware remarked that the condition of the liver reminded him of the case of a woman who had all the signs of bronchitis, and in whom the liver was discovered to be enormously enlarged, with tubera easily to be felt on its surface. The symptom of hæmaturia was often obscure, and in a case like the present might mislead. He once saw a gentleman, who, after violent exercise in mowing, to which he was unaccustomed, had a sudden attack of hæmaturia, evidently from the kidney. The hæmorrhage continued at intervals for three or four months without any other symptoms, and the patient recovered perfectly. A year ago he saw another case in which hæmaturia continued some time without any other symptom, and the patient is now well. In this case, the hæmorrhage was spontaneous. The present case was very remarkable from the absence of casts, epithelial cells, or other evidence of degeneration of the kidney, in the urine.

Bibliographical Notices.

An Introduction to Practical Pharmacy; designed as a Text Book for the Student, and as a Guide to the Physician and Pharmaceutist. With many Formulas and Prescriptions. By Edward Parrish, Graduate in Pharmacy, &c. Second Edition, greatly enlarged and improved. With two hundred and forty-six illustrations. Philadelphia: Blanchard and Lea. 1859. 8vo. Pp. 720.

The demand for a new and improved edition of this most excellent work is an encouraging indication of the progress of Pharmacy in our country. We have already expressed a favorable opinion of the first edition, which was printed in 1856. The present one is still more worthy of a favorable reception by the public. It includes all the discoveries and improvements which have been made within the last few years in Pharmacy, and the work has accordingly been enlarged to no inconsiderable extent. The size of the page has been enlarged, and some parts have been printed in smaller type; besides which, about two hundred pages have been added, with many engravings. We wish that every apothecary in the United States might possess a copy of this work; we are sure that all will, who desire to be known as scientific and careful pharmaceutists. The medical profession have also much interest in the work, not merely on account of its influence on the progress of pharmacy, upon which their success in the treatment of disease so much depends, but because it contains a large amount of information of the greatest practical utility to every physician. To them as well as to apothecaries we commend Mr. Parrish's treatise in the highest terms. For sale by Ticknor & Fields.

A Practical Treatise on Operative Dentistry. By J. Taft, Professor of Operative Dentistry in the Ohio College of Dental Surgery. With eighty Illustrations. Philadelphia: Lindsay & Blakiston. 1859. 8vo. Pp. 383.

This is a very complete treatise on filling and extracting teeth, pivoting teeth, and the treatment of diseased conditions of the teeth and al-

veolæ. A short chapter on anæsthetics concludes the work. The manufacture and adjustment of artificial teeth (except on pivot), does not come within its scope. An examination of Mr. Taft's treatise enables us to speak most favorably of it. It is very thorough and very clear, showing that the author is practically familiar with the art which he teaches. The engravings are abundant and excellent, and, in fact, the whole mechanical execution of the volume is admirable, and reflects much credit on the publishers. For sale by Ticknor & Fields, Boston.

A System of Dental Surgery. By John Tomes, F.R.S., Dentist to the Dental Hospital of London, and to the Middlesex Hospital. With two hundred and seven Illustrations. Philadelphia: Lindsay & Blakiston. 1859. 8vo. Pp. 686.

This is a most comprehensive work on the development of the teeth, their structure, their diseases and the treatment, the diseases of the gums, and the mechanical operations of dentistry. The first 297 pages are devoted to the subject of "teething," and contain a complete account of the structure and development of the teeth, executed in a most masterly manner. The second part, under the head of the "dental tissues," treats of caries, necrosis, and the other diseases of the teeth and of the alveoli, and includes a description of the operations for filling teeth, and other means of arresting decay. The third part is devoted to diseases of the gums, and their treatment; and the remainder of the work treats of mechanical injuries of the teeth, diseases of the antrum, the operation of extraction, pivoting teeth, &c. The character of the work fully sustains the eminent reputation of the author. It is a book which no dentist should be without. The engravings and the printing are beautifully executed. For sale by Ticknor & Fields.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1859.

National Peculiarities in Diet.—The health of a people must depend, in no small degree, upon the usual quality of its food, and the habits formed in consuming it. And this must be allowed to be true, even while we acknowledge the almost unlimited capacity of the human stomach to dispose of the most varied, and, too often, the most inappropriate articles. Not to dwell upon the peculiarities in diet which are mainly due to climatic influences—such as the enormous ingestion of fatty substances in very cold regions, demanded by the necessities of the human constitution, and the large consumption of fruits and light farinaceous articles in warm latitudes—the every-day usages of the inhabitants of the temperate zones, so familiar to us, are not unworthy of a closer consideration than is commonly accorded to them, both in a hygienic and dietetic point of view.

That no standard can be set up as applicable to all, in regard to the *amount* of food to be taken, is undeniable. Countless circumstances

combine to render this a variable quantity; but it may be safely asserted that, generally, far too much food is taken by those whose means allow them to indulge their palates and overload their stomachs. This is true on the sea as well as on the land: as we lately had occasion to remark, when noticing the dietetics of our luxuriously-appointed steam-packets. If we were to particularize, we should say that the Englishman is more prone to exceed in taking solid food, and the Scotchman in his potations—although we can testify to an improvement in this latter respect, in many parts of the land of "barley-bree." The Irishman, when he is provident enough to get anything like abundance, is very apt to combine the faults of his fellow-islanders; and, when transplanted to Scottish shores, testifies his decided preference for their whiskey over that of his own land. The American has a fault which is fully as destructive to individual and to national health and vigor, as either of the others mentioned—although the results are not so immediate. We refer to the *rapidity* of swallowing, so long and so unfortunately a characteristic of the inhabitants of the States. This is a trite subject, but not the less a most important one, and which it is the duty of the medical profession always to bring prominently before the people. An adjunct evil is the too great variety of supplementary articles consumed amongst us—an error observable elsewhere, it is true, but, as we think, especially noticeable in our country, and expressed, often, in the providing of sweetmeats and knick-knacks of various sorts, which tickle the palate but tease the stomach. The astonishing quantity of confectionery consumed amongst us can hardly be estimated, but it is both preposterous and enormous. We have heard of young persons at school, who not only lavished all their pocket-money in the purchase of candies, cakes, &c., but even ran largely in debt for similar destructive edibles. This vicious appetite prevails to a greater extent still, in hot latitudes. We have known young Cubans, and youth from our Southern States, who had nearly destroyed their health by these deplorable habits.

The influence of different climates must essentially affect national dietetics. We have already intimated our intention of not discussing this portion of the subject. It may be said, however, that the climate of Great Britain seems to allow of the freer use of spirits and malt liquors than our own does, with impunity, and often with benefit. In expressing this opinion, we are by no means contradicting ourselves—there may be intemperance in any country. Yet if the Briton, be he Englishman, Scot, or Irishman, habitually take spirits—and it is the exception if he does not—and even freely, not to say very frequently to excess, the constitution of such a man, on the average, endures the habit much better and longer than that of the hard or even the moderate drinker with us. Now, something of this is doubtless owing to the *quality* of the liquors used. There can be no doubt but this is superior in Great Britain. The adulteration of liquors is doubtless great everywhere; but more good wine, whiskey, ale and porter, it will be allowed, is obtainable and used in Great Britain than with us. Another thing which has a very strong influence in prolonging the endurance of the spirit-drinker's constitution in the British Isles—and that, even when he does not get the best liquors—is, that, as a rule of almost universal application, nearly all the drinking is done at, or after, dinner. The stomach, it is easy to see, will far more easily endure this sort of treatment, than it does the *ante-prandial* libations to which

it is so constantly subjected, by such crowds, in the fashionable drinking "saloons" and low tippling shops of our large cities. The use of the wines of France and Germany, by the inhabitants of those counties, is rarely if ever injurious: and the abuse of spirituous liquors there, as is well known, is comparatively very infrequent. With respect to the general immunity of those who drink no spirits *before* dinner, we have lately observed some noteworthy remarks in the *Dublin Quarterly Journal of Medical Science* for May, 1859, in an article devoted to reviewing Mr. Smee's late work on "Debility and Defective Nutrition." The writer says:—"And here, perhaps, we may be permitted to state a conclusion to which our experience has irresistibly drawn us—it is this, that people who confine their excesses to *after-dinner* potations rarely suffer from delirium tremens. We are acquainted with many members of the old school—a school, happily, passing away from amongst us—who would not consider the business of the day brought to a satisfactory conclusion did they not go to bed drunk, or, at all events, in a state closely bordering on inebriation, being accustomed for some forty or fifty years of their lives to drink far beyond what is at present tolerated by the usages of society. These parties to whom we now allude never suffered from delirium tremens: *but they never drank before dinner*; up to that meal they were constitutionally abstemious." After referring to a remarkable instance of a gentleman (now an octogenarian, and whom his family never remember as having gone to bed sober) who not only was exempt from any ill effects of his long-continued excesses, but recovered well from a fracture of the thigh only a few years since—the reviewer accounts as follows for these remarkable facts:—"The explanation of such an exception from what appears to be the curse attached to excessive indulgence in this vice is, we think—that people of these habits are enabled to enjoy, at all events, one, if not two, meals; they make a good dinner, if not a good breakfast, and thus the balance is reëstablished between the muscular and nervous systems. Be this, however, as it may, the fact stated is the result of no mean experience in such cases—the explanation offered may be taken '*quantum valeat.*'"

If the quality of *bread* may be properly considered as affording an example of national peculiarities in diet—and we certainly think it may—we are sorry to say that our own country does not herein compare favorably with most others. Bread is generally most excellent in Great Britain—proverbially superior in France—but not, in our experience, so good elsewhere upon the European continent. Good bread in the United States, is the exception—whether we regard its admixture, preparation, or baking. In no one article of food, perhaps, should more pains be taken to have it in all respects excellent, and especially when people—as is so widely the practice with us—are constantly *bolting* it, hot and fresh! In the bread line, we may mention with especial commendation the oaten-cake of Scotland; unrivalled, when well made—no less than the "*parritch*" of the same sweet and fresh oatmeal—as an ingredient of diet—especially where the habit is costive. So that the intended severity of Dr. Johnson, when defining the word Oats, is ineffectual to influence those who have had personal experience of their excellence as food for *men* no less than for horses.

The subject of national peculiarities in diet, while it is a most inte-

resting and important one, is rivalled by those individual characteristics which render every man a study to himself, if he would preserve, in the best condition possible, the marvellous structure vouchsafed to him as the tenement of his immortal spirit. It surely behooves mankind—of whatever nation—to eschew all those influences, whether from within or without, which tend to impair the wondrous union of soul and body. Care, anxiety, and turbulent passion of every sort, set at defiance the best rules of hygiene, and render null the greatest triumphs of healthful cookery. We were lately much struck with the following simple but truthful words which we observed in a Scotch paper. The advice is not new, but it is as good as if it were—and with it we will conclude this already lengthy article.—"HEAR THE OLD MAN. The venerable and Rev. Daniel Waldo says:—'I am now an old man. I have seen nearly a century. Do you want to know how to grow old slowly and happily? Let me tell you. Always eat slowly—masticate well. Go to your food, to your rest, to your occupations, smiling. Keep a good nature and a soft temper everywhere. Never give way to anger—a violent tempest of passion tears down the constitution more than a typhus fever.'"

PHYSICIANS' CERTIFICATES OF THE CAUSES OF DEATH.—We were glad to see that much interest was manifested in regard to this subject, at the meeting of the Suffolk District Medical Society on Saturday evening. A memorial, recommending its favorable consideration to the Mayor and Aldermen, was read, and unanimously adopted by the Society, and remarks were made by several gentlemen, showing that the profession were fully aware of the numerous errors which occur in the returns of the causes of death, and the great necessity which there is of a reformation in the mode by which they are reported, in order to insure greater accuracy. We would again urge upon the attention of the board of Mayor and Aldermen, and of the Committee on Ordinances, the great importance of the matter. By referring to the weekly returns of deaths, it will be seen that the errors must be numerous. For the same week we often see reported, deaths from disease of brain, inflammation of brain, congestion of brain: we often find combined, disease of bowels, inflammation of bowels, cholera infantum, diarrhœa and dysentery. Are not inflammation and congestion of the brain both diseases of the brain? Is there any distinct affection called disease of the bowels, which is distinguished from peritonitis, enteritis, diarrhœa and dysentery? What is the pathology of the disease called teething, of which so many children die in Boston? Teething is a process, not a disease, though it often gives rise to disease. Marasmus often stands for several distinct diseases; and as for infantile diseases, a very fruitful source of death, we are utterly unable to say what they are. Old age is very frequently the excuse for the fatal termination of a host of diseases.

We repeat, that in order to be of practical utility, the mortuary returns must be accurate, and their utility is exactly in proportion to their accuracy. Now we doubt whether anything tends so directly to the promotion of the comfort, well-being, longevity and morality of a people as sanitary reform, and the foundation of sanitary reform is an accurate knowledge of the causes of disease and death. It is not easy to procure accurate statistics respecting the prevalence of diseases which are not fatal, but there is no reason why we should not

be perfectly informed concerning those which are fatal, and this is the first step toward preventing them, which is better than curing them. We hope the City Government will apply the remedy to this evil, which has so long existed. Rhode Island is quite ahead of us in this particular, and it is fully time that Massachusetts and Boston should take the lead again, in all matters relating to sanitary reform.

Cephalic Version of the Fœtus.—This obstetrical manœuvre is recommended by the best authorities, for those cases in which it is practicable, but of late it has been much disregarded, especially in this country. Dr. Ignatius Langer, of Davenport, Iowa, proposes to bring the subject before the American Medical Association at its next annual meeting, and for this purpose he is engaged in collecting the opinions of practitioners upon the merits of the operation. Those whose experience enables them to throw any light upon the question of its utility, or upon the ease or difficulty with which it may be performed, are invited to communicate with him, and we feel sure that in so doing they will contribute materially to the advancement of obstetrical science. The operation consists in the combination of external and internal manipulations, the patient being placed in a suitable position. Of course, the cases for which it is applicable are rare. The mal-position must be discovered before the waters are evacuated, and the fœtus must be movable within the uterus; under such circumstances, a transverse position of the child can sometimes be rectified by the cephalic version, and then the labor may terminate naturally. The difficulty is, as Cazeaux says, to keep the head thus reduced, for the child often regains its primitive position after the reduction; but this object may be effected by rupturing the membranes, as soon as the normal presentation is obtained. If the operation fails to accomplish the purpose, it does not interfere with any other proceeding which it may be necessary subsequently to adopt.

Number of Killed and Wounded at the Battle of Solferino.—A correspondent of the *New York Times*, writing from Paris under date of Oct. 13th, gives the following as reliable statements in regard to the losses at the battle of Solferino.

"I have just met in an Italian medical journal an official statement from one of the principal surgeons of Brescia, Dr. Bartolomeo Gualla, which shows that instead of 21,000 as the Allied loss at Solferino, in killed and wounded, it ought to be about 45,000! Dr. G. gives the following statistics: After the battle, 37 hospitals were opened at Brescia. The number of French wounded who entered these hospitals was 17,345; of Italians, 13,959; of Austrians, 1,612. Total wounded in the hospitals of Brescia, 32,916. *This is for Brescia only.* Now if you will recollect that large numbers who were mortally wounded died at the towns of Castiglione, Lonato, Desenzano, Montechiaro, and other places between the battlefield and Brescia, and that very many of those treated in these villages and entered into a state of convalescence there, never entered the Brescia hospitals at all, the total of casualties ought to be increased on the statistics of Dr. Gualla some five or six thousand for the Allied arms; and thus we arrive at a total of losses for the Allied arms of about 45,000. It is true, that by the 5th of July the hospitals of Castiglione were evacuated;

but those of Desenzano had wounded men as late as the 10th of July, while at the city of Bergamo, further away from the battlefield than Brescia, there were 1,100 wounded men.

"Of the 32,916 wounded men received into the hospitals of Brescia, 1,273 (according to Dr. Gualla) died, 26,038 were discharged cured, and the balance, 5,605, are either in a state of convalescence, or have wounds which have degenerated into chronic sores, and have been sent to their families or to the military hospitals of Paris.

"Dr. Gualla adds the following medical statistics. There were 451 amputations performed in the hospitals of Brescia; 14 disarticulations, or amputations at the joints; 4 operations with the trephine (boring the cranium), of which 3 were cured and 1 died; and 76 cases of tetanus (an accident which sometimes follows operations, and of which one of the symptoms is lock-jaw), of which 8 were cured and 68 died.

"Of the casualties in the Austrian army we know absolutely nothing upon which we can place reliance. We learn from travellers that their hospitals were crowded with wounded, and we know that, all things being equal, an army that retreats can fire fewer shots than an army that advances. At Solferino the whole Austrian army retreated during sixteen hours over the ground between Castiglione and the Mincio, a distance of eight miles, and must have had many men shot in the back; and when the back is turned there is no longer an equilibrium between the two destructive forces—instead of 1=1 it is then 2=0."

Messrs. Editors,—Will you do me the favor to publish in the Journal, the following explanation of the relative position of the parties engaged in the "personal controversy" alluded to in your editorial remarks upon the case of Charles W. Banks, in the number for the 27th instant?

It would appear that you are somewhat in doubt as to the reliability of the gentlemen whose "statement of facts" you comment upon. Being personally acquainted with Dr. P. A. Jewett, of New Haven, I would state that he is a well-known *surgeon*, though just now filling the professorship of Obstetrics in the Medical Department of Yale College. He is a friend and associate of Dr. Jonathan Knight, and likely to succeed him in the chair of Surgery. He is a high-minded, honorable man, and a member in good standing of the Connecticut Medical Society. The same can be said of Drs. Catlin and Churchill, of Meriden, and I unhesitatingly endorse them as good men and true.

I would further say that the article in the Journal of Oct. 13th, over the signature of "A Member of the Mass. Med. Society," was written by an *expelled* member of the Connecticut Med. Society, assisted in its preparation by Dr. P. W. Ellsworth, of Hartford. For both assertions I have good authority.

These facts known to you, you will doubtless hasten to do both sides justice. E. W. Blake.

64 *Shawmut Avenue, October* 29, 1859.

Massachusetts Medical Benevolent Society.—The Annual Meeting of this Society was held on Thursday last. The following officers were elected:—*President*, Dr. George Hayward; *Vice President*, Dr. Augustus A. Gould; *Secretary*, Dr. J. N. Borland; *Treasurer*, Dr. Francis Minot; *Councillors*, Drs. C. E. Buckingham, Algernon Cool-

idge, Charles E. Ware, John Flint, John B. Alley, James M. Phipps, W. W. Wellington, William J. Dale, George H. Lyman. The Treasurer reported a satisfactory condition of the funds of the Society; showing more than fifteen hundred dollars to its credit.

The return of the President from Europe, with his well-known interest in the objects of the Society, will give a new impulse to its operations: and measures will be taken for securing large accessions to its ranks from every part of the Commonwealth.

Disuse of Mercury in Edinburgh.—A correspondent of the London *Lancet* writes as follows:—"Professor Syme never gives a particle of mercury in any form of disease; and this after thirty-six years' experience. Prof. Bennett never gives mercury, except as a purge; and in his wards I have seen as severe cases of iritis as ever I saw in the eye wards get perfectly well, without one particle of mercury, within the usual time. I have also seen Dr. Bennett treat severe cases of pericarditis most successfully without mercury."

A New White Color.—The brilliancy and whiteness of the finest white lead is but dim when compared with paint in sulphate of baryta. This color possesses the advantage of remaining unaltered under the influence of emanations of sulphuretted hydrogen; it also enables painters to execute dim or lustrous white paintings at a saving of about two thirds the present cost. For the sake of economy and sanitary amelioration, it would be desirable to see it employed in military buildings, in barracks, schools, public monuments, and in the most humble buildings.—*Hunt's Merchant's Magazine.*

Cures announced to the French Academy.—Dr. Jacquot has cured, and promptly, a most serious case of peritonitis by hot starch poultices. Dr. Dalfraygrè finds in inveterate cases of ague the simultaneous administration of sulphate of quinine by the mouth and per anum very efficacious. And surgeons will be charmed to hear that Dr. Fournier has invented a new method of treating strictures. Dr. Gandriot has also found out a new thing, viz., how to cure a serious affection which particularly belongs to soldiers; but what the disease and remedy are, he at present conceals under a sealed envelope.—*Virginia Medical Journal.*

Liberal Bequests.—The late Mary M. Ricketts, widow of Philip Ricketts, among other bequests, amounting in the aggregate to $35,000, left $10,000 to the Pennsylvania Hospital, and $5,000 to the Hospital of the Protestant Episcopal Church of this city.—*Med. & Surg. Reporter.*

Health of the City.—There was a large number of deaths from consumption (20 females and 8 males) last week. We observed 4 deaths from "dropsy" and 3 from smallpox, two of the latter being adults of 30 years. One person, a female, died at the age of 94 years, of "old age." The most remarkable feature of the mortality is the large number of deaths (22) of persons between 40 and 60, being greater than that of subjects under 5 years. The total number of deaths for the corresponding week of 1858 was 75, of which 20 were from consumption, 3 from pneumonia, 3 from dropsy, 3 from typhoid fever, 0 from smallpox, 5 from old age and 5 from casualties.

Communications.—Abstract of an Introductory Lecture in New York.

Books and Pamphlets Received.—On the Diseases and Injuries of the Joints. By Thomas Bryant, F.R.C.S., &c. (From the Publishers.)—Nature and Art in the Cure of Disease. By C. B. Coventry, M.D.

Deaths in Boston for the week ending Saturday noon, October 29th, 72. Males, 34—Females, 38.—Accident, 1—apoplexy, 1—anæmia, 2—congestion of the brain, 2—cancer (in breast), 1—consumption, 28—convulsions, 2—diarrhœa, 2—dropsy, 4—dropsy in the head, 3—debility, 1—infantile diseases, 2—scarlet fever, 2—typhoid fever, 3—disease of the heart, 1—intemperance, 1—disease of the kidneys (Bright's), 1—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 1—measles, 1—old age, 1—palsy, 2—premature birth, 1—smallpox, 3—teething, 2—tumor (in uterus), 1.

Under 5 years, 21—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 22—above 60 years, 6. Born in the United States, 34—Ireland, 29—other places, 9.